

<b>Case Number:</b>	CM15-0100798		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	05/02/2005
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	05/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 57-year-old female, with a reported date of injury of 05/02/2005. The diagnoses include lumbar disc disease, lumbar radiculopathy, and lumbar facet syndrome. Treatments to date have included an MRI of the lumbar spine which showed facet arthropathy and disc protrusions at multiple levels, and mild narrowing of the left neural foramen at L4-5; physical therapy; chiropractic manipulative therapy; oral medications; and home exercise program. The follow-up evaluation report dated 04/21/2015 indicates that the injured worker complained of low back pain, which she rated 7 out of 10 depending if she was walking or sitting. The pain radiated down the buttocks and thigh with soreness that did not pass the knee constantly with numbness and tingling sensation. The physical examination showed an antalgic gait to the left, exacerbated heel-toe walk to the left, normal lumbar lordosis and alignment, diffuse tenderness over the lumbar paravertebral musculature, moderated facet tenderness over the L3-L5 spinous processes, positive left straight leg raise test, decreased lumbar range of motion, increased pain on extension and lateral bending, and intact sensation in all dermatomes except to the left L3-4 dermatomes. The treating physician requested one left L2-L3 and L3-L4 transforaminal epidural steroid injection and one random urinary drug screening test to verify compliance of her current medication regimen and to ensure that the injured worker was not receiving medications from multiple prescribing physicians or illicit drugs. It was noted that the injured worker had evidence of neuroforaminal narrowing, abutment of nerve roots, and radicular symptoms; and she failed conservative treatment.

## IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

### **One (1) left L2-L3 and L3-L4 transforaminal epidural steroid injection: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

**Decision rationale:** The claimant sustained a work injury in may 2005 and continues to be treated for back pain with lower extremity radicular symptoms. When seen, pain was rated at 7/10. She had left thigh hypersensitivity. Straight leg raising was positive on the left side and there was decreased left lower extremity strength and sensation. The left patellar reflex was decreased. An MRI scan of the lumbar spine had shown findings including a multilevel left lateralized disc protrusions consistent with the claimant reported symptoms and physical examination findings. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. In this case, the claimant's provider documents positive neural tension signs with decreased lower extremity strength, sensation, and reflex response and imaging has shown findings consistent with the presence of radiculopathy. The criteria are met and the requested epidural steroid injection is therefore considered medically necessary.

### **One (1) random urinary drug screening test: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), UDT.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-78.

**Decision rationale:** The claimant sustained a work injury in May 2005 and continues to be treated for back pain with lower extremity radicular symptoms. When seen, pain was rated at 7/10. She had left thigh hypersensitivity. Straight leg raising was positive on the left side and there was decreased left lower extremity strength and sensation. The left patellar reflex was decreased. An MRI scan of the lumbar spine had shown findings including a multilevel left lateralized disc protrusions consistent with the claimant reported symptoms and physical examination findings. Criteria for the use of opioids address the role of urine drug screening. Steps to take before a therapeutic trial of opioids include consideration of the use of a urine drug screen to assess for the use or the presence of illegal drugs. In this case, there is no reference to planned use of opioid medication and none is being currently prescribed. There are no identified issues of medication or substance abuse or addiction. Therefore, urine drug screening was not medically necessary.